

# Religious Coping Methods among Cancer Patients in Three Islamic Countries: A Comparative Perspective

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## Abstract

The present article aimed to compare the use of religious coping methods among cancer patients in three Islamic countries from a sociocultural perspective. The article is based on an international study on meaning-making coping in ten countries, among others Malaysia, Iran and Turkey. Qualitative semi-structured interviews were conducted among cancer patients in Malaysia (29), Iran (27) and Turkey (25). The results of the comparison show certain differences in use of religious coping methods between informants in these three countries despite Islam being the dominant religion in all contexts. The findings of this comparative study show the important role culture plays in coping.

**Keywords:** meaning-making coping, cancer, spirituality, religion, sociocultural perspective, Iran, Malaysia, Turkey

## 1. Introduction

When facing great suffering and life threatening situations, human beings choose different coping methods. To study how people cope with a serious crisis from a cultural perspective, we chose the case of cancer patients for our international project because a cancer diagnosis may be one of the most severe life stressors, given that it is usually associated with the possibility of death (Musick, Koenig, Cohen, and Hays, 1998). While dealing with the stressors and strain of cancer, there is a chance that cancer patients will actively turn to meaning-making coping (existential, spiritual, or religious), which may affect their life to a great extent (Ahmadi, 2006).

The purpose of this international project has been to explore, from a cultural perspective, the use of meaning-making coping (i.e., secular existential, spiritual, and religious coping) among cancer patients in both religious and secular societies.

As several studies have shown (Ahmadi & Ahmadi, 2018; DeMarinis, 2018; DeMarinis, 2013), the cultural and social characteristics of a society fundamentally affect the role religion and spirituality play in the coping process. According to DeMarinis (2018), a great deal of attention has been paid to understanding the role of culture in how people make meaning, primarily in relation to refugee, immigrant, and minority group acculturation processes and the process of clinical diagnosis, particularly in mental health research (Lewis-Fernandez et al., 2014). Studies on clinical groups in the majority population have also highlighted the importance of conducting a cultural assessment if we are to understand differences in meaning-making processes at the level of the individual patient (Ulland & DeMarinis, 2014; Haug, DeMarinis, Danbolt & Kvigne, 2016). Our project attempts to address these issues by conducting studies in both religious and secular societies with different religious backgrounds to identify the role of socio-cultural features in coping.

In the framework of the project, several qualitative and quantitative studies have been conducted in Sweden, South Korea, China, Malaysia, Japan, Iran, Turkey, Portugal, Philippines and Brazil. In each country, the questions posed to informants were basically the same, although some questions were modified to better suit the country's sociocultural context.

On the basis of these studies, we aim to conduct several comparative analyses; we will first compare the countries in which the majority shares the same faith, and then we will compare people with different religious faiths. We take this approach to better understand the role and accessibility of cultural settings in choosing coping methods and to develop a

theoretical framework for studying meaning-making coping with a crisis from a socio-cultural perspective. The present article, which will compare three countries, is a step toward this goal. The rationale for choosing these countries is that the majority of people in their respective populations consider themselves Muslims.

## 2. Theoretical Framework

### 2.1 Meaning-Making Coping

When individuals are faced with life challenges and try to understand what is happening to them, they go through a process of coping (Ganzevoort, 1998). According to Pargament's (1997) definition, coping is a search for meaning in times of stress. Coping is multi-layered and contextual, as it concerns how the individual interacts with the situation (Lazarus & Folkman 1984; Pargament, 1997).

Researchers have examined the positive effect religious coping can have on people who have experienced serious afflictions, e.g., cancer (Ano & Vasconcelles, 2005; Rana, Bullinger & Rana, 2015; Tarakeshwar, Vanderwerker, Paulk, Pearce, Kasl & Prigerson, 2006). Any discussions of religious coping, however, as Ahmadi, Park, Kim and Ahmadi (2017) point out, should take into consideration situations that weave together religion and coping. Individuals tend to feel that religion is more accessible when it is already an important part of their orientation system, referring to the way in which culture affects an individual's life. In such cases, individuals facing a life crisis are inclined to rely on religion, because it is more accessible than other resources found in their sociocultural context, i.e., their community.

As Ahmadi et al. (2017) mention, in cultures that offer considerable non-religious resources and where religion plays a lesser role in people's day-to-day lives, religion also tends to play a minor role in the coping process. The probability that a person will "turn to religion when coping" is closely related to the status religion has in his/her culture. If religion plays a more integral role in the individual's orientation system, it will likely play a more significant role in coping, and vice versa.

Ahmadi (2006) conducted a qualitative study in Sweden among people who had experienced cancer. She found that certain coping methods were neither religious nor spiritual in nature. These methods were not tied to anything transcendent (God or a spiritual power), but were more related to having a connection to nature, the self, and others—a connection that appeared to be secular.

In previous studies, existential coping methods (e.g., connecting with nature) have frequently been considered either religious or spiritual, even when they had nothing at all to do with any religion or form of spirituality (Ahmadi, 2006, 2015). When people cope with crises in life, they attempt to find a source that can help them fill the void created by these crises. In the existing theoretical framework, the efforts made by people who were involved in an existential search for meaning were interpreted as spiritual. It would seem, then, that previous researchers have not been sufficiently responsive to what their informants were actually saying about the wide range of coping methods (religious, spiritual, or existential) they had used. Ahmadi et al. (2017) mentions that when people are trying to deal with unexpected life challenges such as cancer, they may attempt to elaborate these events in their external reality and interpret their meaning in their internal world. With these issues in mind, Ahmadi (2015) suggested the term "meaning-making coping," hoping it could prevent misunderstandings about non-religious coping methods. In the present study, the term meaning-making coping is used to refer to the entire range of religious, spiritual, and existential coping methods used by cancer patients in the different countries involved in the international project.

### 2.2 The Constructs of Religion and Spirituality

The present study starts from Ahmadi's definition of religion and spirituality; her definition is partly based on the definition suggested by Jenkins and Pargament (1995, p.52). According to Ahmadi (2006, p.72), religion is:

"A search for significance that unfolds within a traditional sacred context. It is then related to an organized system of belief and practice relating to a sacred source that includes individual and institutional expressions, serves a variety of purposes, and may play potentially helpful and/or harmful roles in people's lives."

In this definition, just as in Zinnbauer's (Zinnbauer & Pargament, 2005, p.35–36), people's search for significance is restricted to a traditional sacred context and reflects modern attitudes that tend to reject traditional authority and established expressions of belief.

In contrast to Pargament's definition (Zinnbauer, Pargamnet & Scott, 1999, p.909), Ahmadi's is sensitive to the ways in which people self-identify in cultural settings that are influenced more by spirituality than by religiosity, thus enabling communication with the general public.

Although spirituality is more difficult to define and classify than religion is, Ahmadi's (2006) study needed a working definition, so one was suggested based on the work of both Ahmadi and Jenkins & Pargament (1995, p.52–53). Ahmadi's (2006, p.71–72) definition of spirituality is as follows:

“A search for connectedness with a sacred source, that is related or not related to God or any religious holy sources. Spirituality involves efforts to consider metaphysical or transcendent aspects of everyday life as they relate to forces, transcendent and otherwise.”

Hence, spirituality incorporates religion as well as many beliefs and practices that fall outside what is normally defined as the religious sphere. The construct of spirituality used in the present study is in line with that suggested by Puchalski et al. (2014), where spirituality is “that aspect of humanity which refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski et al., 2014, p.643).

Accordingly, in the present project, spirituality refers to things that can be experienced in the absence of faith, myths, legends, founding super-personalities, or superstition and things that can be practiced both within as well as outside a religious context. In a secular and rationally organized society like Sweden, most people are thought to be irreligious. People socialized in a context such as this may find it difficult to accept as truth the above-mentioned features of conventional religious belief. Consequently, our definition is centered on the type of spirituality that people experience both within and outside a religious context. However, studies on cancer patients in Sweden cancer (Ahmadi, 2006; Ahmadi & Ahmadi, 2013; Ahmadi, 2015) have shown that different kinds of coping methods, e.g., methods connected to nature were prevalent – methods can hardly be considered religious or spiritual. Salander (2015) discussed this issue (without using coping terms) by taking a more psychological perspective when attempting to understand the ways in which individuals deal with existential dilemmas. This type of coping method can be defined as existential, referring to how people search for meaning without making any ties to religion or religious symbols. In our international project, the term meaning-making coping is used to refer to all secular existential, religious and spiritual coping methods.

### 3. Method

The interview questions used in the studies in Malaysia, Turkey and Iran were primarily based on results from the Swedish study (Ahmadi, 2015). In all three countries, semi-structured interviews were conducted. The original interview guide was translated from English to the Malay, Turkish and Persian languages by native researchers involved in the project. The questions were modified to better suit the local cultures. The same interview guide was used for all participants in a country.

The interview questions focused on four areas:

- 1) Situational factors and current lifestyle, including questions about disease stage, time of diagnosis, the type of cancer, and the location of the tumor.
- 2) Coping methods, including questions such as “what thoughts did you have when you were first diagnosed with cancer?”, “How did you accept the reality that you had cancer?”, “What were the most important strategies you used to cope with your disease?”
- 3) Religiosity, including questions such as “Do you believe in God?”, “Do you believe in a life after death?”
- 4) Meaning-making coping, including questions such as “How did your faith or religious practices changed while you were struggling with cancer?”, “How did you think about God or a life-giving force when you had cancer?”

The participants read the informed consent form and either signed it or gave their verbal consent prior to each interview. The interviewees were informed that their participation was voluntary and that they could end the interview at any time; they were also told that their identity would be kept confidential. The Uppsala Ethical Vetting Board (Regional Ethical Review Board in Uppsala- Uppsala University) in Sweden approved the project. In each country, when required the ethical committee of the involved country also approved the study.

During interviewing and when analyzing the data, researchers in these three countries have been assisted. They interviewed the cancer patients in person, developed codes for analyzing the data, coded the interview transcripts, developed the overarching themes, and wrote up the findings.

After coding, thematizing and creating different groups for each country, the codes were divided into categories. Then preliminary coding schemes were developed in English to prepare for a comparative analysis.

When the themes for comparative analyses had emerged, the present authors worked together closely to discuss the research findings. They compared the findings from the studies in Malaysia, Turkey and Iran, discussing the similarities and differences in the meaning-making coping methods used in the three countries. In this way, multiple perspectives were discussed by the two researchers (the present authors) during the process of data analysis and synthesis, as well as when writing the present article.

The authors considered and discussed their own biases and stereotypes to establish confirmability; they also tried to decrease any effect of possible biases and stereotypes to maintain their objectivity throughout the comparative analysis

process.

In the present study, credibility is ensured by using triangulation, consulting with colleagues, and attaining transferability through the use of thick descriptions of verbatim statements (Lincoln & Guba, 1985).

First, triangulation of analysts was supported by involving multiple researchers across Malaysia, Turkey and Iran (Patton, 2015).

Second, the researchers consulted with colleagues to verify the validity of data collection and data analysis procedures, as suggested by Erlandson, Harris, Skipper and Allen (1993). Also, these colleagues helped to provide a better understanding of the cultural context in these three countries.

Finally, transferability can be described as the degree to which the research results can be generalized to other contexts or other respondents (Lincoln & Guba, 1985).

In qualitative research, detailed descriptions of the interrelationships and intricacies of the context under study can support transferability (Erlandson et al., 1993). In the present study, the researchers used thick descriptions of verbatim statements to promote transferability. By providing an in-depth account of what each participant actually said, the researchers could perform comparative analyses of the three cultures.

#### **4. Results**

##### *4.1 The Study in Malaysia*

Twenty-nine participants (21 women and 8 men) between 29 and 60 years of age with various kinds of cancer were interviewed. Because approximately 35% of the Malaysian population (37.1 million) was reported to use Facebook in 2013, the informants were chosen using Facebook to further enhance the voluntary nature of participating in the study. Moreover, all participants practiced Sunni Islam. Malaysia does not accept any denomination of Islam other than Sunni Islam. Note that Islam is the official religion of Malaysia and that more than 70% of the population regarded themselves as Muslim. Nonetheless, any Islamic teaching that deviates from the official Sunni code is illegal (International Religious Freedom Report, 2017).

Nine coping methods with different patterns emerged from our analyses of the interview transcripts in Malaysia 3.1.1 Benevolent Religious Reappraisal:

##### *4.1.1 A lesson from God*

##### *4.1.2 Educational Theodicy*

The first pattern of benevolent religious reappraisal refers to the notion that suffering from cancer is a lesson from God. In the other pattern, suffering is seen as educational theodicy (Dein, 1997), which means that God allows suffering to test the person, later leading her/him to a better life (Ahmadi, Hussin, Ahmadi & Taufik Mohammad, 2018a)

##### *4.1.3 Punishing God Reappraisal*

Ahmadi (2006, p.106) suggested that applying punishing God reappraisal as a coping method “presumably requires a belief in a God who can determine the course of individuals’ lives: a God who not only created man, but also continually controls man’s deeds and his destiny.”

##### *4.1.4 Demonic Reappraisal-Black Magic*

Demonic Reappraisal – the act of redefining the stressor as an act of the “Devil” or an evil power – is another coping method found among a number of informants who believed in black magic.

##### *4.1.5 Passive Religious Deferral- Ekhtebar, Qadr (Kader), Sabr*

Informants who used Passive Religious Deferral as a coping method believed they should be patient and wait passively for their fate and for God to control the situation.

##### *4.1.6 Active Religious Surrounding- Kader*

Active Religious Surrounding involves actively giving up control to God. In this coping method, one does one’s best and subsequently relies totally on God.

##### *4.1.7 Collaborative Religious Coping*

Collaborative Religious Coping involves seeking control through a partnership with God. When patients use this method, they are not passive and relying on only God to assist them, but also trusting their own power. In this method, collaboration takes place between the patient, physicians and God. God is assigned the role of partner; he does not reach out his hand to pull the patient out of a bad situation, but so that the patient can hold it and get through the situation.

#### 4.1.8 Pleading for Direct Intercession

Using the method of Pleading for Direct Intercession, patients seek comfort by beseeching God to make things turn out well.

#### 4.1.9 Religious Purification- Reading the Qur'an

Religious Purification involves searching for spiritual cleansing through religious actions. For Muslims, these religious actions include a variety of rituals such as visiting the Mosque, praying and reading religious texts, especially the Qur'an, or doing any "good deeds." Here, reading religious texts like the Qur'an is not considered a passive approach to dealing with a crisis. Quite the contrary, it entails actively trying to understand what one is experiencing and placing one's experiences in a comprehensive context. Moreover, reading the Qur'an is a method of controlling one's emotions as well as overcoming fear and anxiety.

#### 4.1.10 Seeking Support from Clergy or Congregation members: Shamanism and alternative practice

Searching for comfort and reassurance through the love and care of members of one's congregation or the clergy is one of the religious coping methods found. However, what was identified among informants in Malaysia involved receiving treatment from people who practice shamanism or alternative medicine.

### 4.2 *The Study in Turkey*

A total of 25 participants (18 females and 7 males) between 20 and 71 years of age were recruited from an oncology center and a psychiatric clinic in Istanbul; clinical psychologists informed their patients about the study. These patients had either survived their cancer or were still undergoing chemotherapy and radiation.

The participants self-identified as religious, spiritual, or nonreligious. Two people reported having no religion, but this does not imply that they distanced themselves from spiritual or existential coping.

It should be noted that although the constitution of Turkey from 1928 officially separates religion from the state, the traditions in this country are deeply rooted in Sunni Islam. According to the World Values Survey (2010-2014), Turkey, with its 99.9% Muslim population, has a highly homogenous culture, traditional values, and strong involvement of religious institutions in social life as well as religion in public offices.

Just as in Malaysia, nine coping methods have been found among cancer patients in Turkey (Ahmadi, Erbil, Ahmadi & Cetrez, 2018 b):

#### 4.2.1 Benevolent Religious Reappraisal

##### 4.2.1.1 Reexamine and Find a Lesson

##### 4.2.1.2 Talking with God

The first pattern of using the coping method Benevolent Religious Reappraisal is praying, which informants reported helped them reexamine their past life and find a lesson there. In the second pattern, we can see talking with God as a way of coping with the stressor and relaxing.

Descriptions of other coping methods are the same as the methods we found in Malaysia, with the exception of Spiritual Discontent and Seeking Support from Clergy.

#### 4.2.2 Spiritual Discontent- Religious Anger (Theodicy Problem)

Spiritual Discontent involves expressing confusion and dissatisfaction with God's or a spiritual being's relationship to the individual in the context of a stressful situation. Some participants showed their discontent with religion and faith by questioning God's existence. This refers to the anger that arises as a result of the suffering the informant has to endure. Some doubt the existence of God, which is called the Theodicy Problem. They wonder why God, who is supposed to love them, has allowed them to contract such a horrifying illness, leading them to wonder whether there actually is a God.

#### 4.2.3 Seeking Support from Clergy or Congregation members: Speaking with Imam-al-Jema'ah:

We can see a different pattern of Seeking Support from members of the clergy in Turkey compared to Malaysia. In Turkey, the individual speaks with Imam-al-Jema'ah (the priest). When using this method, the search for comfort is assisted by a religious authority, such as the Imam-al-Jema'ah. This may help people find answers to existential questions related to their cancer. Such questions may concern the meaning of life and death, sin and guilt, the existence of another world beyond this one, and especially the question: "why me?"

### 4.3 *The Study in Iran*

In this study, a sample of 27 (18 females and 9 males) cancer patients or survivors (aged 16 and older) were selected

using purposive sampling. Participants were recruited with the help of several cancer treatment and rehabilitation centers in Tehran, the capital of Iran. The informants had various types of cancer, varying in stage from the earliest to palliative care; there were also survivors.

Iran is an Islamic republic, both formally and in practice. The Constitution of the Islamic Republic of Iran dictates that the official religion of Iran is Shia Islam practiced in accordance with the Twelver Ja'fari School. The vast majority (89%) of the population is Shia Muslim, 10% is Sunni Muslim, and the remaining 1% are Christian, Zoroastrian, Baha'i and Jewish (World Population Review, Iran Population 2019).

Although most of the participants were Shia Muslims (21 out of 27), there was one Sunni Muslim interviewee and four who described themselves as non-religious, but spiritual.

Based on the results, we could identify nine religious coping methods among the cancer patients in Iran (Ahmadi, Khodayarifard, Zandi, Khorrami-Markani, Ghobari-Bonab, Sabzevari & Ahmadi, 2018c):

#### 4.3.1 Benevolent Religious Reappraisal

##### 4.3.1.1 God's Test

##### 4.3.1.2 God's Message:

We found two patterns of Benevolent Religious Reappraisal in Iran. In the first pattern, the illness may be considered a product of God's will, which is imposed on us as a test to encourage us to have patience in the face of adversity. In the second pattern, the illness is thought of as a message from God to notify us of something or teach us a lesson so that we can live a better life.

##### 4.3.2 Demonic Reappraisal- Evil Eye:

Regarding Demonic reappraisal, we found participants who felt they had been cursed by the evil eye, which refers to the power to inflict harm through a glance.

##### 4.3.3 Passive Religious Deferral- Tawakkul:

Reliance on God (Tawakkul) is a coping method Muslims use as a religious reaction to a challenging situation. Although this method is categorized as Passive Religious Deferral, the interviewees did not rely passively on God. They considered God to be their partner, not a power that could move them to a safe place, but a partner whose hand they could hold to get them through a crisis. This method allows patients to feel free from responsibility for "being ill," reduces their self-blame and helps them create a more positive psychological outcome (Gotay, 1985; Linn, Linn & Stein, 1982).

##### 4.3.4 Self-Directing Religious Coping:

Self-Directing Religious Coping involves searching for control directly through individual initiative rather than through any assistance from God. According to some scholars (Phillips, Pargament, Lynn & Crossley, 2004, p.410), there are several reasons why people who do not believe in a sacred being like God trust in themselves. But when we talk about Self-Directing Religious Coping methods, we mean that people may simultaneously believe in a sacred object or God and trust in themselves. This can occur if: (a) they believe God has given individuals the ability and freedom to engage in problem-solving. Here, people can proceed from the idea that God does not intervene, but supports them throughout the coping process; (b) people may also believe they must cope on their own because God has abandoned them.

##### 4.3.5 Spiritual Connection- Conversations with God & Saints:

The Spiritual Connection method involves expressing a sense of connectedness with a transcendent power that helps the individual gain comfort. This could be occurring through a conversation with God and saints.

The other coping methods that we do not mentioned in this section are the same as the methods mentioned above in the sections on Malaysia and Turkey. Note that some of these coping methods, such as Seeking Support from Clergy, show differences across the three countries – differences that we will discuss below in the Analysis section.

## 5. Analysis

### 5.1 Similarities

We find some coping methods that were shared by informants in all three studies/countries. This may be due to the fact that Islam is the dominant religion in all three countries and in the ways of thinking of their people; even those who are not religious are to some degree impacted by interpretations of Islamic teachings.

- In an attempt to find meaning and to answer the question 'Why me?' some informants from the three countries reported believing that their illness was a test from God meant to evaluate their patience in dealing with difficult situations. It was also considered a message, a lesson or a warning from God, encouraging them to contemplate

their past and the value of life, and then to take the right path for the rest of their life. This can be associated with some common religious teachings that all the Muslims learn from the Qur'an: "We will test you by something of fear, hunger, poverty and lack of health, death of your family members and wasting of your achievements, then there is a bonus for patients" (Qur'an, Bagharah: 155)

Moreover, in the three studies, some patients felt that their affliction with cancer was a divine punishment that God had ordained for their past sins. As Muhammad the Prophet says: "The hours of illness and suffering are atonement for the sins" (Majlesi, 1982).

As regards, finding meaning to gain control and cope with the illness, a range of similar ways of interacting with God have been observed in the three studies.

On one end of this spectrum, we found the passive religious context. Here, one sees oneself as incapable of confronting disease: "People! Should be aware that you are poor and incapable [to protect yourself]" (Qur'an, Fa'ter: 15). One pleads with God to restore one's health in the hope that God has complete control over life and death: "He it is who gives life and causes death" (Qur'an, Ghafer: 68). This point of view results in different patterns among Shia and Sunni Muslims as regards receiving help from God.

In the middle of the spectrum, we saw something akin to active coping with the disease. By accepting what God has ordained, while pursuing the necessary treatments, the individual trusts only in God (Tawakkul). This entails acceptance of the outcome in advance, on the basis of one's trust in God: "For everyone who trusts in God, verily, God always attains to His purpose. And indeed, unto everything has God appointed its term and measure" (Qur'an, Talagh: 3). The formation of such a relationship between the sick person and God can lead to a feeling of comfort and mental security, which in turn may lead to a better psychological condition.

We also found patients who were more prone to getting involved in their own treatment. This group of patients believed in trilateral cooperation between themselves, medical staff and God. Here, it is not only God who can change the situation; God supports the individual on the path toward healing when the individual tries his/her best: "There is not for man except that for which he strives" (Qur'an, Najm: 39)

On the opposite end of the spectrum, there were patients who assumed all responsibility for their disease. These people believed that God had entrusted their destiny to themselves and that their destiny would change based on their own efforts and intentions: "Every soul, for what it has earned, will be retained" (Qur'an, Modather: 38). Thus, people such as these are doing the best they can to cure the disease, and ultimately accept the outcome.

- Another group of coping methods described similarly by patients in all three studies is searching for meaning to gain comfort.

The refinement of the soul and the strengthening of faith by refining one's religious practices is one of the ways in which some patients came to approach God. Here, the teachings of the Qur'an, the holy book of Islam, may have been essential: (Qur'an, Ta'ha: 82). The assumption made by these patients is that God's will is imposed on all things, as the Qur'an says: "He is so powerful to be dominant on everything" (Qur'an, Anaam: 17). He has the power to control and change whatever happens: "He is doing anything he wants" (Qur'an, Houd: 107). He cares for his servants: "He is the best and kind protector" (Qur'an, Youssof: 64). God illuminates the darkness around the servants with His light: "He is the light of Sky and the earth" (Qur'an, Noor: 35). He eliminates ambiguities and can guide His servants to do the right thing: "Our Lord is the one who creates everything and then guides them to the right choice" (Qur'an, Ta'ha:50).

God can even heal His servants directly if He wishes, without any material resources: "Our Lord is the one when wants something to happen, says: Be! Then Happened [without any physical reasons]" (Qur'an, Maryam: 35). Therefore, anyone closer to Him can benefit from His support and guidance. The individual can find the answers to her/his questions and find the true way to the actions necessary to promote healing: "He knows anything whether the unseen and the witnessed" (Qur'an, Ra'ad:9).

## 5.2 Differences

Islam is the common religion among the three Islamic countries under study, so we did expect a considerable number of similar religious coping methods among our informants. However, we also found some differences associated with differences in the teachings of the two major denominations of Islam (Sunni & Shia) as well as with these countries' different sociocultural contexts.

### 5.2.1 Demonic Reappraisal

Some interpretations of Islam allow belief in the evil eye: "Those who disbelieve [in Islam] would almost make you (Mohammad the Prophet) slip with their eyes..." (Qur'an, Ghalam: 51). For this reason, it is understandable that we have witnessed such a belief among the Muslim informants in our three studies. However, the belief in black magic we

found as a coping method in Malaysia was not observed in our study in either Turkey or Iran. This is because belief in black magic is not an Islamic approach, and is even forbidden as Ali-bin-Abutalib (the forth Khalifah of the Mohammad the Prophet and the First Shia Imam) Says: “Someone who learns Black magic, more or less, has disbelieved, and his/her relationship with God is cut off in general” (Majlesi, 1982). Thus, this belief could be seen as an impact of the culture of the Malay ethnic group (Mo, 1984). Ahmadi et al. (2018b) explains:

“Black magic or dark magic has traditionally referred to the use of supernatural powers or magic for evil and selfish purposes. The idea of black magic and Shamanism in Southeast Asia can be traced to the region's prehistoric tribal people. However, Muslim scholars regard the practice of shamanism as shirk (idolatry, deification of figures other than Allah). What we see here is the impact of the culture on health beliefs, which are stronger than fundamental religious axioms.”

### 5.2.2 Vowing and religious purification for pleading to God (Nazr)

As mentioned in the sections on Malaysia and Turkey, religious purification refers to a search for spiritual cleansing through religious practices to gain control over or comfort in facing the illness.

In this respect, in Islam, people have been encouraged to do “the good deeds,” which could be manifested in many habitual religious practices such as praying, reading the Qur’an or any other good works to satisfy God and turn to Him for His help in solving a problem: “God has promised those who believe and do righteous deeds [that] for them there is forgiveness and great reward” (Qur’an, Ma’ede: 9). One such good deed is ‘Nazr,’ which means to vow. Based on Islamic teachings, Nazr is a practice to ensure the result of a request when dealing with God (Qur’an, Al-e-Imran: 35). For instance, an individual may pledge to provide services to others if she/he is healed, or to give part of her/his property to the poor. This commitment is sometimes paid in advance and sometimes only if God responds to the patient's request and heals her/him.

Nazr is an Islamic teaching that could be observed among all Muslims communities. The Qur’an tells the story of Saint Mary and her parents, and then describes how they performed Nazr as a religious practice: “when the wife of Imran said, ‘My Lord, indeed I have pledged to You what is in my womb, consecrated [for Your service], so accept this from me” (Qur’an, Al-e-Imran: 35). However, in these three studies we found evidence of this practice only among informants from Iran. It seems that Nazr has become deeply rooted in Iranian culture as a sociocultural phenomenon through religious practices (Kahirdeh, 2016)

### 5.2.3 Seeking support from clergy and a spiritual connection

Communicating with people who have some kind of religious power can be considered a religious meaning-making coping method. Although we observed use of this method among cancer patients in the three studied countries, they have some noticeable differences in how they used this approach.

As Table 1 shows, we can categorize the manifestations of contact with clergy based on two factors:

- 1: Whether the contacted person is a “living sacred person” or “a non-living sacred person.”
- 2: Whether the power of the contacted person is authoritarian or spiritual. In the case of official authority, the contacted person, a member of the religious hierarchy, has a very limited power. He/she listens to the questions and gives religious answers.

In the case of being a spiritual person, the contacted person is assumed to have vast metaphysical abilities and even unlimited powers to read minds, change the nature of things or solve the problems in a miraculous manner.

Table1. The manifestations of contact with clergy

|                          | Official authority | Spiritual power |
|--------------------------|--------------------|-----------------|
| Living sacred person     | Turkey             | Malaysia        |
| Non-living sacred person | Not Applicable     | Iran            |

Proceeding from the above-mentioned factors, we have found three patterns: the first pattern is when the contacted person is a living sacred person and has official religious authority (Imam-al-Jema’ah). Here we have the case of Turkey.

The second pattern as found in the Malaysian study, where the contacted person is a living sacred person but, in contrast



to the case of Turkey, does not necessarily have an official status in the religious hierarchy. He/she possesses a spiritual and healing power (Shamanism). The shamans or witch doctors are still practicing in Malaysia. As Ahmadi et al. (2018a, p.13) informs us:

“Shamanism was condemned often by religious leaders as shirk (idolatry) by referring to Q’uran, which directly condemns magicians and shamanists (Note1)...Despite this antipathy toward shamanism, the idea of black power seems to be quite strong in Malay culture (and generally among East Asian people), but it is more a superstition than a theological belief in the power of Evil. So here, we are witnessing the strength of old pre-Islamic cultural beliefs, which have survived even after Islam became predominant. “

Finally, as we can see in the study in Iran, the contacted person is a non-living sacred person, i.e. saints such as the Prophet Muhammad, his family members, Sufi leaders, Islamic scholars, and Shia Imams. According to Shia Islam, these saints are representatives of God with unlimited power and have authorization by God to cause considerable changes in the world. For this reason, one can ask the saints – through prayer and conversation – to use their power cure one’s illness or solve one’s problems (Shafa’ah).

Shafa’ah occurs often when someone goes to Ziyarat (visiting the mausoleum or shrines of sacred persons). The mausoleums of the Prophet Muhammad and his family members and of some Sufi leaders or Islamic scholars are the holy places for pilgrimage in Shia Islam. However, because Shia Muslims believe that the spirits of Imams and saints are everywhere, they can ask for healing everywhere and anytime.

## 6. Final Word

Summing up, the strategies people use when they are affected by disease, accidents, misfortune, etc., are cultural and historic constructions. For this reason, these strategies are valid in specific contexts and time periods. People in different societies have always employed certain methods, objects, and belief systems – including faith in God or other supreme beings, religious sacraments, fate or other similar products of their own or others’ imagination – to find relief from the anxiety and stress caused by various forms of misfortune. Some of the employed strategies can be characterized as passive acceptance, while others would fall under the heading active resistance.

Regardless of the strategies chosen or the secular or religious features of these methods, coping is a matter of consolation. The coping methods individuals choose depend on where and when the individuals live – and on what trends are predominant in their life context.

## References

- Ahmadi, F. (2006). *Culture, Religion and Spirituality in Coping: The Example of Cancer Patients in Sweden*. Uppsala: Acta Universitatis Upsaliensis.
- Ahmadi, F. (Ed.). (2015). *Coping with Cancer in Sweden – A Search for Meaning*. Uppsala, Sweden: Acta Universitatis Upsaliensis.
- Ahmadi, F., & Ahmadi, N. (2013). Nature as the most important coping strategy among cancer patients: A Swedish survey. *Journal of Religion and Health*, 52(4), 1177-1190. <https://doi.org/10.1007/s10943-013-9810-2>
- Ahmadi, F., & Ahmadi, N. (2018). *Existential meaning-making for coping with serious illness: Studies in secular and religious societies*. London, UK: Routledge. <https://doi.org/10.4324/9781315098036>
- Ahmadi, F., Erbil, P., Ahmadi, N.m & Cetrez, Ö. A. (2018b). Religion, Culture and Meaning-Making Coping: A Study Among Cancer Patients in Turkey. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-018-0646-7>
- Ahmadi, F., Hussin, M., Ahmadi, N., & Taufik Mohammad, M. (2018a). Religion, Culture and Meaning- Making Coping: A study among Cancer Patients in Malaysia. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-018-0636-9>
- Ahmadi, F., Khodayarifard, M., Zandi, S., Khorrami-Markani, A., Ghobari-Bonab, B., Sabzevari, M.m & Ahmadi, N. (2018c). Religion, culture and illness: a sociological study on religious coping in Iran. *Mental Health, Religion & Culture*, 21(7), 721-736. <https://doi.org/10.1080/13674676.2018.1555699>
- Ahmadi, F., Park, J., Kim, K. M., & Ahmadi, N. (2017). Meaning-making coping among cancer patients in Sweden and South Korea: A comparative perspective. *Journal of Religion and Health*, 56, 1794-1811. <https://doi.org/10.1007/s10943-017-0383-3>
- Ano, G., & Vasconcelles, E. (2005). Religious coping and psychological adjustment to stress: A meta- analysis. *Journal of Clinical Psychology*, 61, 461-480. <https://doi.org/10.1002/jclp.20049>
- Dein, S. (1997). Does being religious help or hinder coping with chronic illness? A critical literature review. *Palliative Medicine*, 11, 291-298. <https://doi.org/10.1177/026921639701100405>

- DeMarinis, V. (2013). Existential Meaning-Making and Ritualizing for Understanding Mental Health Function in Cultural Context. In H. Westerink (Ed.), *Constructs of Meaning and Religious Transformation. Current Issues in the Psychology of Religion*. Vienna, Austria: V&R unipress, Vienna University Press. <https://doi.org/10.14220/9783737000994.207>
- DeMarinis, V. (2018). Mental Health Diagnosis: Is it relative or universal in relation to culture? In M. Stenmark, S. Fuller, U. Zackariasson (Ed.), *Relativism and Post-Truth in Contemporary Society*. NY, United States: Palgrave Macmillan.
- Erlandson, D. A., Harris, E. L., Skipper, B., & Allen, S. D. (1993). *Doing naturalistic inquiry: A guide to methods*. Newbury Park, CA: Sage Publications.
- Gotay, C. C. (1985). Why me? Attributions and adjustment by cancer patients. *Social Science and Medicine*, 20, 825-831. [https://doi.org/10.1016/0277-9536\(85\)90337-5](https://doi.org/10.1016/0277-9536(85)90337-5)
- Haug, S. H. K., DeMarinis, V., Danbolt, L. J., & Kvigne, K. (2016). The illness reframing process in an ethnic-majority population of older people with incurable cancer: variations of cultural- and existential meaning-making adjustments. *Mental Health, Religion & Culture*, 19(2), 150-163. <https://doi.org/10.1521/psyc.2014.77.2.130>
- International Religious Freedom Report. (2016). Malaysia 2016 international religious freedom report. Retrieved from <https://www.state.gov/documents/organization/268988.pdf>. Accessed 18 May 2018
- Jenkins, R. A., & Pargament, K. I. (1995). Religion and spirituality as sources for coping with cancer. *Journal of Psychosocial Ontology*, 13(1), 51-74. [https://doi.org/10.1300/J077V13N01\\_04](https://doi.org/10.1300/J077V13N01_04)
- Kahirdeh, N. (2016) Nazr: A socio-cultural phenomenon in context of rituals [In Persian]. *The Great Islamic Encyclopedia*. Retrieved from <https://www.cgie.org.ir/fa/news/84660>
- Lazarus, S. R., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer
- Lewis-Fernández, R., Aggarwal, N. K., Bäärnhielm, S., Rohlof, H., Kirmayer, L. J., Weiss, M. G., ... Lu, F. (2014). Culture and Psychiatric Evaluation: Operationalizing Cultural Formulation for DSM-5. *Psychiatry: Interpersonal and Biological Processes*, 77(2), 130-154. <https://doi.org/10.1521/psyc.2014.77.2.130>
- Lincoln, Y. S., & Guba, E. G. (1985) *Naturalistic Inquiry*. Sage Publications. ISBN 0-8039-2431-3. [https://doi.org/10.1016/0147-1767\(85\)90062-8](https://doi.org/10.1016/0147-1767(85)90062-8)
- Linn, M. W., Linn, B. S., & Stein, S. R. (1982). Beliefs about causes of cancer in cancer patients. *Social Science & Medicine*, 16, 835-839. [https://doi.org/10.1016/0277-9536\(82\)90236-2](https://doi.org/10.1016/0277-9536(82)90236-2)
- Majlesi, M. (1982). *Bahar al-anvar* [Oceans of light]. Beirut, Lebanon: Alvafa
- Mo, B. (1984). Black magic and illness in a Malaysian Chinese community, *Social Science & Medicine*, 18(2), 147-157. [https://doi.org/10.1016/0277-9536\(84\)90035-2](https://doi.org/10.1016/0277-9536(84)90035-2)
- Moylan, M. M., Carey, L. B., Blackburn, R., Hayes, R., & Robinson, P. (2015). The Men's Shed: Providing biopsychosocial and spiritual support. *Journal of Religion and Health*, 54(1), 221-234. <https://doi.org/10.1007/s10943-013-9804-0>
- Musick, M. A., Koenig, H. G., Cohen, H., & Hays, J. C. (1998). Religious activity and depression among community-dwelling elderly persons with cancer: The moderating effect of race. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 53(4), 218-227. <https://doi.org/10.1093/geronb/53B.4.S218>
- Pargament, K. I. (1997). *The Psychology of Religion and Coping: Theory, Research, Practice*. New York, United States: Guilford Press.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd Ed.). Thousand Oaks, CA: Sage Publications.
- Patton, M. Q. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th Ed.). Thousand Oaks, CA: Sage Publications.
- Phillips, R. E., III, Pargament, K. I., Lynn, Q. K., & Crossley, C. D. (2004). Self-directing religious coping: A deistic god, abandoning god, or no god at all? *Journal for the Scientific Study of Religion*, 43(3), 409-418. <https://doi.org/10.1111/j.1468-5906.2004.00243.x>
- Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., ... Sulmasy, D. (2014). Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference. *Journal of Palliative Medicine*, 17(6), 642-656. <https://doi.org/10.1089/jpm.2014.9427>
- Qur'an (2018) translated by Hussein Ostaad vali & Ali Gholi Gharaee. Tehran, Iran: Ofogh-e-bi payan Press.

- Rana, M., Bullinger, M., & Rana, M. (2015). Coping with stroke: A prospective comparative cross-cultural research. *Journal of Religion and Health*, 54, 173-186. <https://doi.org/10.1007/s10943-013-9797-8>
- Salander, P. (2015). Introduction: A critical discussion on the concept of spirituality in research on health. In F. Ahmadi (Ed.), *Coping with cancer in Sweden: A search for meaning* (pp. 13–27). Uppsala, Sweden: Uppsala University.
- Tarakeshwar, N., Vanderwerker, L. C., Paulk, E., Pearce, M. J., Kasl, S. V., & Prigerson, H. G. (2006). Religious coping is associated with the quality of life of patients with advanced cancer. *Journal of Palliative Medicine*, 9(3), 646-657. <https://doi.org/10.1089/jpm.2006.9.646>
- Ulland, D., & Demainis, V. (2014). Understanding and working with existential information in a Norwegian adolescent psychiatry context: a need and a challenge. *Mental Health, Religion & Culture*, 17(6), 582-593. <https://doi.org/10.1080/13674676.2013.871241>
- World Population Review, Iran Population 2019: <http://worldpopulationreview.com/countries/iran-population/>
- World Values Survey, Wave 6. (2010–2014). Retrieved from <http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp>
- Zinnbauer, B. J., & Pargamnet, K. I. (2005). Religiousness and spirituality. In R. F. Paloutzian & C. L. Parks (Eds.), *Handbook of psychology and religion* (pp. 21–42). New York, NY: The Guilford Press.
- Zinnbauer, B. J., Pargamnet, K. I., & Scott, A. B. (1999). The emerging meaning of religiousness and spirituality: Problems and prospects. *Journal for Personality*, 67(6), 889-919. <https://doi.org/10.1111/1467-6494.00077>

## Notes

Note 1. Some Muslim groups, like some Sufi sects, have practiced shamanism, but Sufis have always been condemned and insulted by religious leaders and fundamentalists in many Islamic countries. Some have even been executed. Their ways of thinking can then hardly be considered predominant among Muslims. The influence of shamanism among some Muslim sects in the Middle East can be traced back to the thirteen century, when the Mongol empire conquered the Middle East. Shamanism was predominant among Mongols dating as far back as to the eight century.

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